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يا د	S DELLINE	UNITED STATES HOUSE OF REPRESENTATIVES		FORM B. For New Members, Candidates, and New Employees	MAR 20 CENTLA	Page 1 of
	Name:/	Muchuse Newson Feven	Daytime Telephone:		21 :21 13 C2 C. 15	E
	TICK A	Naw Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election: Ways 84 5.	CA 50 6,2024	Check if 1.	(Office Use Only)	Ckluc
	STATUS	New Officer or Employee S Employing Office: S	Steff Filer Type (if Applicable): Shared Principal Assistant	Period Covered: January 1, to	A \$200 pensity shall be assessed against any individual who files more than 30 days late.	sed against any an 30 days tate.
	PRELIMIN	PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QUESTIONS	LOF THESE QUESTI	ONS		
	A. Did you, you a. Own say and of the b. Receive n asset duri	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the and of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes No E.	E. Did you hold any reportable positions during the reporting period or in the current celeridar year up through the date of filing?	ugh the reporting	86 X
	C. Did you or you honoraria, or pen reporting period?	©. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No F.	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ertangement with an Yes	₹
	D. Did you, yes liability (more t	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes J.	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes	₹ X
		ATTACH THE C	ATTACH THE CORRESPONDING SCHEDULE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S") COMPLETE	
	exclusio	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSW	UST INFORMATION -	- ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS	:
	from this rapor	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	ımittee on Ethics and ceitain othe spendent child∜	er "excepted trusts" need not be disclosed. H	Have you excluded Yes	
	EXEMPTION - exemption? Du	EXEMPTIQN — Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	arned" income, or liabilities of a s Committee on Ethics.	pouse or dependent whild because they mee	et all three tests for Yes	™

SCHEDULE A - ASSETS & "UNEARNED INCOME"

L.A. County Heatrows 2000 L.A. County Heatrows 2000 L.A. County Heatrows 2000 L.A. County Heatrows 2006 L.A. County Heatrows 2000 L.A. County Heatro	J. County Sand X	For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic focation homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial income during the regoring period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a priyately-traded fund that is an Excepted investment Fund, please check the "Ejff box." If you so choose, you may indicate that an easet of dependent child (DC), or jointly held with anyone (JF), in the optional column on the far laft. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Assets and/or Income Sources bentify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all [RAs and other retirement piens (such as 401(s) plans) provide the relice for each asset held in the account that acceeds the reporting thresholds.
	×	None > \$1-\$1,000 db \$1,001-\$15,000 Cl \$15,001-\$50,000 Cl \$50,601-\$100,000 m \$100,001-\$250,000 Tl \$250,001-\$500,000 Cl \$500,001-\$5,000,000 Tl \$5,000,001-\$5,000,000 Cl \$5,000,001-\$50,000,000 Cl \$25,000,001-\$50,000,000 Cl	BLOCK B Value of Asset indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets hald by your spouse or dependent child in which you have no interest.
×XX	X Royalies Patheniup	NONE OVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For eccounts that generate tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the Tax-Deferred column. Dividends, interest, and deschaed galare, even if retirrested, must be disclosed as income for assets held in taxable accounts. Check 'lone' if the asset generated no income during the reporting period.
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Name: MICHAEL NELSON FEVER

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SCHEDULE A - ASSETS & " UNEARNED

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SCHEDULE A - ASSETS & " UNEARNED

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SCHEDULE A - ASSETS & " UNEARNED

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SCHEDULE A - ASSETS & " UNEARNED

Name: MICKABL NEWSW FELER

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SCHEDULE A - ASSETS & " UNEARNED

Page 6 of 6

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<u> </u>			Spouse/OC income over \$1,000,000° ≧	

SCHEDULE C - EARNED INCOME

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Name: MICHAEL WELGON FEWER Page 1 of 1

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroli. The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595, in addition, certain types of income (notably honoraria, director's fees,

and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	5	s an addition, derivatin globa of theory	so, vev. an eventuali, venteni types or mourite (notably notablana, oriector s 1888).
Source (include date of receipt for honoraria)	Type	Current Year to Ellina Am	Amount Braceding Year
Course (include date of receipt of Fioricialia)	Туре		
	Honorarium	\$0	\$500
Examples: Civil War Brundtshba (Cxt. 2)	Spouse Speech	\$20,000 \$0	\$78,000 \$1,000
Consideration of president	Spouse Salary	AW	N/A
Cm of los Angeles	SALAKY	0	261,170-18
STATE OF CAUFORNIA	Spoule's SALAPY	64,390.50	751,780.62
CITY OF LOS ANGRES	PENSION	26.039.87	0
		7	

SCHEDULE D - LIABILITIES

reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	Name: MICHAEL NELSON FELER
int owed during the reporting ge on your personal residence	Page of

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the period. New Members: Members are required to report all liabilities secured by *Column K is for liabilities held solely by your spouse or dependent child.

SCH					SP. DC, JT		
				Example			
SCHEDULE E - POSITIONS			N.A.	First Bank of Wilmington, DE	Creditor		•
				5/20	Liability Incurred MO/YR	,	
			N.A.	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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					\$50,001- \$100,000	0	
				×	\$100,001- \$250,000	-	P
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j					Over \$1,000,000* (Spouse/DC Liebility)	×	

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

			Position
		N.A.	Name of Organization

SCHEDULE F - AGREEMENTS

Name: MICHAEL NEWS FEVER PA	Pageof
arrangement that you have with respect to: future employment a leave of cheeping during the period of co	
strangement that you have with respect to: future employment; a leave of absence during the period of government service; other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	povernment service;

Identify the date, parties to, and general terms of any agreement or a continuation or deferral of payments by a former or current employer employer.

Date	Parties to Agreement	Terms of Agreement
	N.A.	

SCHEDULE J -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. covernment and any information considered confidential as a result of a nivillation to receive the covernment and any information considered confidential as a result of a nivillation to receive the covernment and any information considered confidential as a result of a nivillation to receive the covernment and any information considered confidential as a result of a nivillation to receive the covernment and any information considered confidential as a result of a nivillation to receive the covernment and any information considered covernments are a result of a nivillation of covernment and any information considered covernments are a result of a nivillation of covernment and any information covernment and any info

government ar	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not	a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, State	Accounting Services
	N.A.	